

THE SERIAL INEBRIATE PROGRAM

FISCAL YEAR 2007/2008

Introduction

The Serial Inebriate Program (SIP) is an intervention program designed to slow down the “revolving door syndrome” of chronic alcoholics going in and out of local emergency rooms and jail. Funded by the City and County of San Diego, SIP attempts to assist local law enforcement, the Superior Courts and County of San Diego Alcohol and Drug Services by diverting the chronic alcoholic from incarceration or hospitalization and into county funded treatment.

Budget

The SIP is funded by the City and County of San Diego. The County annually funds the treatment portion with \$120,000, while the City funds the housing portion with \$80,000. Mental Health Systems Inc. (MHS) is the current county funded treatment provider and manages the budget. The costs of court personnel and police officers are considered “in-kind services” and are not included in this funding.

Police Report

For FY07/08, SIP accounted for 340 people being arrested for drunk in public. These 340 people accumulated 444 total arrests. All the arrestees fit the federal definition of chronic homelessness. Approximately 90% of the 444 arrests were from the San Diego Police Department’s Central, Western and Northern Divisions.

Treatment Component

Mental Health Systems Inc. (MHS) is the County of San Diego substance abuse treatment provider for SIP. As reported in their SIP Annual Report for FY07/08, the SIP Case Manager conducted 184 in-custody screening interviews with potential clients.

(This annual report is available by contacting MHS Program Manager, Deni McLagan, at (619) 523-8121.)

For the purposes of this report, “success” is defined as having completed at least 30 days of formal treatment and having at least 30 days of continuous sobriety. All of the clients who left treatment at the 30-day mark did so against the advice of MHS.

Client Demographics Reported by MHS

The demographics of the 184 clients by screened by MHS are 87% male and 13% female demonstrating an increase in women participating in the program. The ethnic distribution of the client population is approximately 81% Caucasian, 7% Mexican American, 3% Native American, 5% African American, 1% Asian/Pacific Islander, and 3% other or unidentified.

The average age of the SIP client is 40-49 (50%), followed by 60-69 (7%), age 50-59 (33%), 30-39 (9%), and 20-29 (2%) with no client over age 70. Additionally, 50% of our

SIP clients have never been married, while 34% are divorced, 7% widowed, 5% separated, and 0% currently married (8% would not disclose marital status).

All SIP clients are in the lower socioeconomic strata. One hundred percent report to treatment unemployed. Moreover, 100% are eligible for some form of public assistance but at admittance to the program only 21% were receiving some form of public assistance. As a Drug Medi-Cal certified program, Mid-Coast is able to provide services to Medi-Cal recipients, as well as clients without treatment funding (indigent clients).

Socioeconomic status is in contrast to level of education. 41% of SIP clients have a high school diploma. Of the remainder, 12% have a college degree and 6% have some college education. Only 27% of clients have less than a 12-grade education therefore, lack of education was not deemed a barrier to employment. 14% were unidentified.

Initial In-Custody Client Screening Reported by MHS

MHS conducted 184 in-custody screening interviews and denied admission into the program to 46 clients. The basis for denial of treatment upon screening was generally due to the client self-reporting a lack of desire for treatment or the treatment provider determining a lack of client commitment to participate and complete treatment. Another 57 clients refused to participate in the treatment program and opted to complete custody. This left 81 clients eligible for treatment.

Treatment Outcomes Reported by MHS

Of all the 184 clients screened while in custody during FY07-08, 81 (44%) were accepted into SIP. Of these 14, (for of a variety of court procedural issues) were subsequently not admitted and an additional 7 clients were pending acceptance and not yet enrolled as of June 30, 2008.

During the same reporting period a total of 66 clients were discharged from the program (this number may include roll-over admissions from the prior reporting year).

- 16 (24%) completed the full six month treatment program and had at least 120 days of continuous sobriety. (Successful Completion, SIP graduate)
- 10 (15%) completed at least 30 days of treatment and had at least 30 days of continuous sobriety. (Satisfactory Progress)
- 12 (18%) completed at least 30 days of treatment but had less than 30 days of continuous sobriety. (Unsatisfactory Progress)
- 28 (42%) left treatment prior to 30 days of treatment and had less than 30 days of continuous sobriety. (Treatment Failure)

Success Rate

At the end of the study period 16 clients were still enrolled and attending treatment. Additionally **100%** of successful clients were employed, involved in employment

preparation activities, or permanently disabled at the time of discharge. Also **100%** percent of these SIP graduates were in permanent housing.

Excluding those currently enrolled in treatment that have not yet completed their requirements for graduation prior to the end of fiscal 2007, **the combined completion rate for the program is 39%! (i.e. successful completion and satisfactory progress)**

Housing Component

The San Diego Housing Commission provided \$80,000 for supportive housing and related costs. This provided funding for twelve dedicated capacity beds from One Day at a Time Sober Living Homes (One Day). The apartments provided by One Day, under subcontract, provide assigned personal sleeping space for 4 adults in one two-bedroom apartment. The apartments provide a sober living environment, onsite supervision, weekly house meetings, onsite laundry, and an onsite phone.

For FY 07/08, the program purchased a total of 4380 bed days with a total of 3948 service units (occupied beds) at a cost of \$15.00 per day. This occupancy rate of almost 90% supported 50 treatment episodes for 50 people.

St. Vincent de Paul Village Family Health Center

St. Vincent de Paul Medical Clinic is the program's out-patient medical care provider. The medical clinic performs initial screening and necessary follow-up on all SIP clients before entering treatment. They reported evaluating 111 SIP clients for FY 07/08. As a group, SIP patients have multiple, complex, and intertwined health care needs. *(For more detailed information on the medical report contact St. Vincent de Paul Family Health Center Medical Director Dr. Margaret McCahill at (619) 233-8500x1434.)*

In particular, many SIP patients (70%) abuse other substances in addition to alcohol, and most of them (approximately 90%) have additional mental illnesses, beyond that of mixed substance abuse and dependence. Just over 38% have psychosis. Approximately 53% were identified as having one or more infectious disease, and over half are vulnerable to some form of seizure. The data on cognitive impairment are incomplete, but it is our clinical impression that a very significant number of patients would demonstrate cognitive impairment if specific testing was available to assess this.

The health care provided at St. Vincent de Paul Village Family Health Center includes primary care (including health maintenance screening procedures and immunizations), out-patient psychiatry, and includes all laboratory tests and direct dispensing of medications to SIP clients, with all services free of charge. Many SIP clients would be eligible for health care coverage under Medicare, Medi-Cal or County Medical Services. However, their illness and impairment has prevented them from obtaining this coverage in many cases, and/or they lose their entitlements to health care coverage while incarcerated, so they are typically medically indigent at presentation. The cost of care provided to SIP clients at St. Vincent's clinic is approximately \$250,000 annually, and this is funded by donations from caring individuals in San Diego County.

Conclusion

SIP continues to be recognized across the nation as a best practice with the chronic homeless alcoholic. Program partners have presented to a number of agencies and communities this year including the Interagency Council on Homelessness, the North Carolina Regional Healthcare for the Homeless, the City Council of Albuquerque, New Mexico, San Francisco, Sacramento, Seattle, San Bernardino County, the City of Chula Vista, the City of San Antonio, and the California Conference of Prosecutors.

This fiscal year SIP received an award from the County Alcohol and Drug Administrators Association of California (CADPAAC) for innovation and success in fostering cooperation across agencies.

Future

Beginning in 2008, SIP partnered with the Resource Access Program (RAP) initiated by San Diego Medical Services, the City's 911 paramedic provider. RAP seeks to address high users of emergency medical services (> 5 ambulance transports per year). In FY07, 933 individuals generated 11% of the nearly 85,000 ambulance transports in the city. Approximately 40% of these individuals are homeless. It is hoped that the RAP-SIP collaboration will identify the true needs of these patients and match them with corresponding resources.